

**GOOD SAMARITAN HOSPITAL**  
**2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT**  
**IMPLEMENTATION PLAN**

**NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES**

**FOCUS AREA 4: Preventive Care and Management**

**PREVENTION AGENDA GOAL 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancers, especially among disparate populations**

**OBJECTIVE:** By 12/31/2021, increase % of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines by 5%. (Baselines: 72% Breast Cancer Screening; 79.1% Cervical Cancer Screening and 66.8% Colorectal Cancer Screening; Data Source: BRFSS, 2016)

**EVIDENCE BASED INTERVENTIONS:**

**4.1.2:** Conduct one-on-one (by phone or in person) and group education (presentation or other interactive session) in a church, home, senior center of other setting (Source: The Community Guide)

**4.1.3:** Use small media and health communications to build public awareness and demand (Source: The Community Guide)

**DISPARITIES ADDRESSED:** Low SES concentrated in areas with high racial/ethnic minorities; Education level

Activities	Timeframe	Intermediate Level Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome/Product/Result	2020 Year-end Update
Conduct community education sessions about need for cancer screenings at local libraries, senior centers, and community events	March 2020-December 2021	Number of individuals reached through one-on-one or group education that were referred to health providers for cancer screenings  Change in awareness of the importance of cancer screenings as a preventative measure	Bon Secours Medical Group (BSMG) Breast Navigator, Bon Secours Charity Health System (BSCHS) Community Engagement	BSMG providers  NYS Cancer Services Program	Change in awareness of need for cancer screenings as part of preventative care  Compliance with screening guidelines among individuals that were reached through one-on-one or group education  Increase in the percentage of adults receiving cancer screenings	<ul style="list-style-type: none"> <li>Colorectal Cancer education event planned for March 2020 was canceled due to Covid-19</li> <li>“Don’t Delay Care” email blast sent in May and September 2020 to over 100 community contacts</li> <li>2 Breast Cancer awareness education sessions were done via Zoom in Oct. 2020 reaching over 70 people</li> </ul>

<p>Develop consistent message across all entities to increase cancer screenings, esp. during awareness months for breast, cervical and colorectal cancers</p>	<p>January 2020-December 2020</p>	<p>Number and type of locations where posters were distributed</p> <p>Number of calls received about screening due to campaign</p>	<p>Good Samaritan Hospital (GSH) Radiology, BSCHS Community Engagement, BSMG providers</p>	<p>NYS Cancer Services Program</p>	<p>Change in knowledge and awareness of need for cancer screenings</p>	<ul style="list-style-type: none"> <li>• Colorectal Cancer Screening education emailed to over 100 community contacts in March 2020</li> <li>• Breast Cancer posters and awareness information was sent to 70 Worksite Wellness clients in October 2020</li> </ul>
<p>Evaluate how patients have found cancer screenings through surveys (i.e. newspaper, mailings, flyers, word of mouth, social media or other)</p>	<p>December 2019-December 2020</p>	<p>Number of community members surveyed at community events</p> <p>Percentages of how patients found cancer screenings by media type</p>	<p>BSMG Breast Navigator, GSH Breast Navigator, BSCHS Community Engagement</p>	<p>BSMG Providers</p>	<p>Increased knowledge of how patients are learning about cancer screening services</p> <p>Ability to target areas and markets for greater impact and community awareness</p>	<ul style="list-style-type: none"> <li>• General community activities canceled due to Covid-19</li> <li>• Free Breast Cancer screenings through Good Samaritan Hospital's partnership with the NYS Cancer Services Program screened a total of 163 women in 2020. About 75% are existing patients who were recalled for an annual or follow up exam, about 15% were referrals from a local FQHC, and the others self-referred after hearing about the services through word of mouth or social media</li> </ul>

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**NYS PREVENTION AGENDA PRIORITY AREA: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS**

**FOCUS AREA 2: Mental and Substance Use Disorders Prevention**

**PREVENTION AGENDA GOAL 2.2: Prevent opioid and other substance misuse and deaths**

**OBJECTIVE:** Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.0 per 100,000 population (Data Source: CDC WONDER)

**EVIDENCE BASED INTERVENTIONS:**

**2.2.1:** Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine (Source: Larochelle, M.R. et al (2018) Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study; FDA Drug Safety Communication: FDA urges caution about withholding opioid addiction medications)

**2.2.2:** Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers (Source: Oregon Health and Science University: Best Practices in Naloxone Treatment Programs for Opioid Overdose)

<b>Activities</b>	<b>Timeframe</b>	<b>Intermediate Level Evaluation Measures</b>	<b>Internal Staff and Resources</b>	<b>Community Implementation Partners</b>	<b>Intended Outcome/Product/Result</b>	<b>2020 Year-end Update</b>
Develop internal policies/procedures for initiation of Buprenorphine administration in Emergency Department (ED)	August 2019- January 2020	Policy implemented and ED staff education completed	GSH ED Medical Director; BSCHS Behavioral Health Director	Rockland County Department of Mental Health	Buprenorphine treatment begun in GSH ED (with patient consent and as medically indicated)	<ul style="list-style-type: none"> <li>• Covid-19 delayed implementation of any new or unrelated procedures in the emergency department.</li> <li>• Hospital staff underwent “Just-In-Time” training to learn about Covid-19 and the management of patients.</li> <li>• Staff was also reassigned to other hospital units to meet staffing requirements to adequately and safely care for patients.</li> </ul>

<p>Contracts in place with Peer Services for warm hand off for continued care</p>	<p>August 2019- March 2020</p>	<p>Number of patients referred to Peer Services</p>	<p>BSCHS Behavioral Health Director; WMC Legal</p>	<p>ADAC, Lexington Center for Recovery</p>	<p>Increased referrals to peer services; increased number of patients receiving appropriate care</p>	<ul style="list-style-type: none"> <li>Peer contract not implemented. Covid-19 initially delayed contract completion and prevented having Peers on site and then Lexington Center for Recovery's grant funding ended so the plan could not move forward</li> <li>New possible plan is to utilize Peer RX in the emergency department. Behavioral Health Director will be discussing funding sources with Rockland County leadership to support implementation of this initiative.</li> </ul>
<p>Develop internal policies/procedures for distribution of Naloxone kits in ED</p>	<p>August 2019- March 2020</p>	<p>Percent of staff who completed naloxone administration training Number of kits distributed</p>	<p>GSH ED Medical Director; BSCHS Behavioral Health Director</p>	<p>Rockland County Department of Health</p>	<p>Increased access to naloxone kits in community</p>	<ul style="list-style-type: none"> <li>Good Samaritan Hospital's Chemical Dependency Unit is a registered NYS Opioid Overdose Prevention Program. The hospital's ED is not registered separately.</li> <li>Naloxone policy is in final stage of approval. Delay in finalization due to Covid-19 and committees not meeting regularly.</li> <li>100% of staff on Chemical Dependency Unit has been trained in naloxone "Train the Trainer" and administration.</li> <li>All nursing staff hospital-wide are trained on naloxone administration as part of the annual education curriculum.</li> <li>No kits have been distributed to date. Working to resolve issue around medical director's access to approve naloxone order. All other parts of the kit have been ordered.</li> </ul>